

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0069	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2012
NAME OF PROVIDER OR SUPPLIER PCC STRIDE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 BLADENSBURG ROAD NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments An annual inspection was conducted on April 13, 2012. The survey findings were based on record review and staff interview. The sample size was eleven (11) employee records based on a census of eleven (11), and one (1) foster parent record based on a census of one (1).	S 000		
S 100	1611.1(h) Personnel Records (h) Documentation of participation in in-service training; This CONDITION is not met as evidenced by: Based on record review and interview, the child-placing agency (CPA) failed to ensure that one (1) of eleven (11) employees had proof that they had participated in in-service training. (Employees #2) The finding includes: On April 13, 2012, beginning at 9:30 a.m., review of personnel records revealed the CPA failed to ensure that Employees #2 had participated in in-service training. Interview with the Program Director, on April 13, 2012, at approximately 3:00 p.m., verified that the aforementioned employee had not participated in in-service training.	S 100	Employee #2 attended 23 hours of training from October to December 2011 as marked in her personnel record. There were 3 hours of training in 2012 that were in the training record but not recorded in the personnel file. Action of correction: The administrative assistant will record all trainings for the personnel records within 3 (three) business days upon completion of the training. A training log will be created and placed in the personnel records. During PCC Stride's internal auditing period, employees will be given 3 (three) months notice in writing to comply with auditing compliance. Employee #3 did not have her physical in her personnel report. A physical was completed, but the employee failed to submit the physical report for submission for the record. The Corrective Action Plan to come into compliance will be completed by on or no later than October 30, 2012	
S 103	1611.1(k) Personnel Records (k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of eleven (11)	S 103		

Health Regulation & Licensing Administration

Kristal Owens
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: *Program Director* (X5) DATE: *4/21/12*

STATE FORM

J17P11

If continuation sheet 1 of 2

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employees had available for review, a current physical examination report as required in section 1612.2. (Employees #3)

The finding includes:

On April 13, 2012, beginning at 9:30 a.m., review of the personnel records revealed no evidence that Employee #3 had a current physical examination report in their file.

An interview with the Program Director (PD) on April 13, 2012 at approximately 3:30 p.m., verified that the current physical examination report was not available.

Action of correction: The project will remind the employee to comply with the physical rule. If the exam requirement is not met, staff members will be removed from payroll and have no contact with clients until compliance has been fulfilled. During the next staff meeting, all employees will be notified. The Corrective Action Plan to come into compliance will be completed by on or no later than October 30, 2012

Phleg, for (Recruiting, Licensing, Training Manager)
Dr. Kristal Owens, Program Director